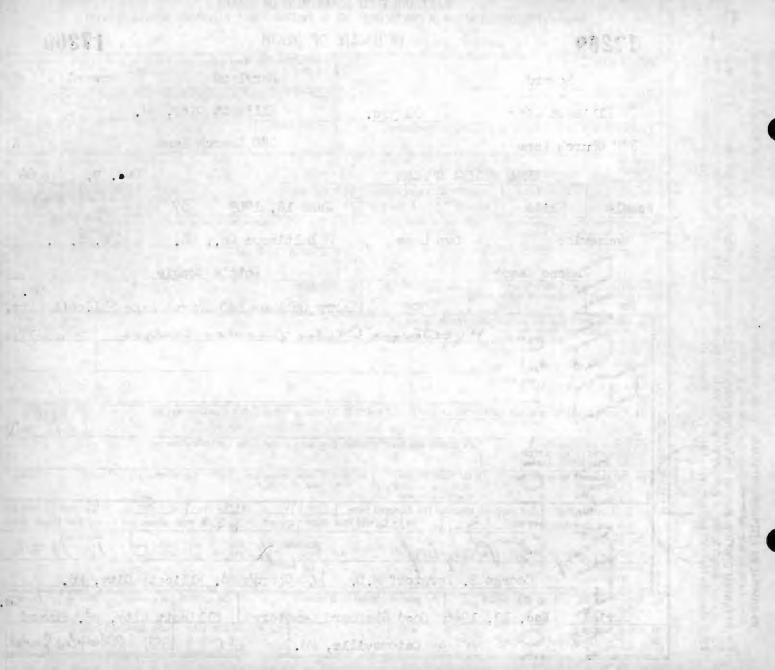
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17268 CERTIFICATE OF DEATH 17259 requires that the death certificate be executed within 24 hours after death. funero PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Howard Maryland Howard MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 tely filled in by the bon papers. Page, within 72 hours a Ellicott City Ellicott City d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d STREET ADDRESS 2 Greenway Dr. 2 Greenway Dr. Valley Mede Valley Mede NO X YES NAME OF First Middle 4. DATE Month corbon Lost Ogy Year completely DECEASED Bopst (Type or print) Dorothy Μ. DEATH December 14 IF UNDER 1 YEAR S. SEX 9. AGE (In years 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED T NEVER MARRIED last birthday) Hours Months Doys 11-18-1909 Ony White WIDOWED DIVORCED Female puo 10g. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 5 during most of working life, even if retired) Retired COUNTRY? puo Maryland Book keeper

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Randolph Ward Laura Davis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, ar unknown) (If yes give war ar dates of service) 5 213-03-3516 Mr. Roy C. Bopst, Sr. 2 Greenway Dr. cremation, 1B. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c) INTERVAL BETWEEN burial-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) by DUE TO signed 22 mo Conditions, if ony, which gave rise to immediate cause (a), **OUE TO** stoting the underlying couse the haspital or attending рвеи the PHYSICIAN: The low SD PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS hos PERFORMED? Health | USE NO YES certificote for 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 1B.) OR CONTRIBUTING CAUSE OF DEATH 10 detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. 20d. INJURY OCCURRED (County) DIRECTOR: After this factory, street, affice blda., etc.) Nat While O HOSPITAL OR ATTENDING Poge 4 moy be retained by th of work at work 21. I certify that (1) (this hospital) attended the deceased from , 1965, to Dec 14, 1960, that (1) (we) las 1966, and that death accurred at 10 A M, from causes and an the date stated above saw the deceased alive on Alex 225. DATE SIGNED 22g. SIGNATURE ATTENDING X M.D. DIRECTOR director, page 3 should be filed a PHYS 22d. ADDRESS 22c. PHYSICIAN'S O FUNERAL 1264 Francis Avenue, Balto. Md. NAME (Type) Bradley Daugharthy 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Howard County, Maryland 230. BURIAL, CREMATION REMOVAL (Specify) 12-17-1966 Crest Lawn Cemetery Burial 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE, 24. FUNERAL DIRECTOR ADDRESS Milianless VR A15 (4) 25M 1/67 1966 Howard H. Hubbard, 4107 Wilkens Ave. 21229



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17269 requires that the death certificate be executed within 24 hours after death signed by the attending physician and completely filled in by the funeral burial-stansit permit. Then please remave carbon papers. Pages 1 and 3 burial, crematian, or remaval, an<u>d in</u> any event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Howard Maryland Howard MARYLAND b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 1h. c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) write RURAL and give negrest town)
Ellicott City Ellicott City. Md. VIS. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE d. STREET ADDRESS 380 Church Lane 380 Church Lane NO K NAME OF 4. DATE Lost Doy Year DECEASED TRMA REGINA CULLUM Dec. 9. 19 66 (Type or print) DEATH 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR LIF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours White June 18, 1909 Female WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country) IDo. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife COUNTRY? INDUSTRY Own home Baltimore Co., Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Eugene Cavey Lottie Cougle WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Md. (Yes, no, or unknown) ((If yes give wor or dotes of service No None Harry Cullum 380 Church Lane Ellicott City 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I, DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse IO FUNERAL DIRECTOR: After this certificate has been the PHYSICIAN: The law last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X þ 20o. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. factory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (I) (this haspital) attended the deceased from 10-14 _____, 19_6 that (I) (we) last . 19 Cb . ta 19 66 and that death accurred at 19 M, from causes and on the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S director, purild be f NAME (Type) George E. Burgtorf M.D. Church Rd. Ellicott City. Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote)Co 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) Goed Shepherd Cemetery
ADDRESS 250. REC Ellicott City. Md. 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Muniley Home Catonsville, Md. DATE DEC 1966

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL		PARTMENT OF HEALTH 1 W. PRESTON STREET, BALTIM	ORF MARYLAND 2120	1	
4 11 0 11 1		CERTIFICATE OF DEATH	A Mh en	61	
I. PLACE OF DEATH o. COUNTY HOWARD	MARYLAND	2. USUAL RESIDENCE (Where deceased on STATE Maryland	lived, if institution: Residence b. COUNTY	befare admission)	
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c, LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carparate Baltimore	limits, write RURAL and give r	nearest tawn)	
d. NAME OF HOSPITAL OR INSTITUTION (If not in h		d. STREET ADDRESS	-	e. IS RESIDENCE ON A FARM?	
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(Type or print) LILLII	E ARETHA	HARGES OF DEATH	December	16 19 66	
	ARRIED NEVER MARRIED DIVORCED DIVORCED	2 22 1022	AGE (In years IF UNDER 1 Y last birthday) Manths C	EAR IF UNDER 24 HRS Days Haurs Min.	
10a. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	PANTEGO, N.C.		EN OF WHAT ITRY?	
13. FATHER'S NAME JAMES H	Arges	14 MOTHER'S MAIDEN NAME JESSIE CLARK	HAracs		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates of servi	16. SOCIAL SECURITY NO. 17.	NFORMANT OY HAVGES 644	Cherry Cres	T	
18. CAUSE DF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		,		INTERVAL BETWEEN ONSET AND DEATH	
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20o. EXTERNAL CAUSE WAS PRIMARY Topor CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Driver in auto-truck collision.					
2Dc. TIME OF INJURY Manth, Day, Year Hour and 12/16 1966	20d. INJURY OCCURRED 2De. PLA While Nat While at wark at wark	CE OF INJURY (Hame, farm, 20f. (ary Street office bldg., etc.)	City or town) (Count Howa		
p.m. 12/16 1966 21. I certify that I taak charge af it death resulted fram: Natural cau	the remains described abave, he		, Inquiry ,	and in my apinio	
ACTUAL O	Letter	CHIEF MEDICAL EXAMINER		22. DATE SIGNED	
EXAMINER'S NAME (Type) Charles S.		M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER [Address (Street, city, town, or		12/17/66	
230. BURIAL, CREMATION, 23b. DATE THEREOF PEMOVAL (Specify) 12-22-6	23c. NAME OF CEMETERY OR		TION (City or Town) (Co	ounty) (State)	
24. FUNERAL DIRECTOR	ADDRESS ST	2Sa. REF DEV REGISTRAR	1966 REGISTRARY SIG	Les Judge	

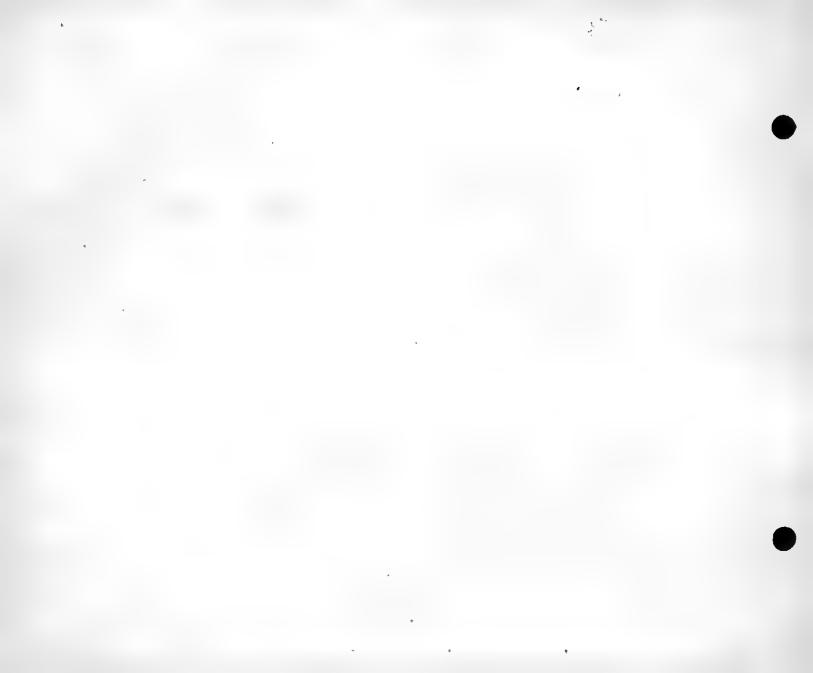


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANO CERTIFICATE OF DEATH funeral and 2 death. death. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL, and give nearest town) arrie. Lisbon 5 IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give atreet address filled d. STREET ADDRESS 6. 2-- 60000b NO No YES carbon p etely 3. NAME OF DATE Month Oav Last DECEASED 1966 31 HTASO (Type or print) 72162 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX OATE OF BIRTH 6. COLOR OR RACE B. NEVER MARRIED 7. MARRIED last birthday) Months WIDOWED J DIVORCEO J 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? certificate be during most of working life, even if retired) INDUSTRY 2c+1631 FATHER'S NAME 17. INFORMANT 15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) ((If yes give was or dates of service) death 16-07-325 INTERVAL BETWEEN 18. CAUSE OF BEATH (Enter only one cause per line for (a), (b), and (c), requires that the ONSET AND DEATH led by PART I. DEATH WAS CAUSED BY: priosclerofic Cardiovascu physician. IMMEDIATE CAUSE (a) gned Jins s been s the burian the burian c **OUE TO** Conditions, If any, which (b) gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate NO De YES ! 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I or Part II of Item 18.) PHYSICIANS detached f this (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While After at work D.MI. at work 9 21. I certify that (I) (this hospital) attended the deceased from that (1) (we) last DIRECTOR: age 3 should lied with the and that death occurred at 725. M, from the causes and on the date stated above. saw the deceased alive on 22b. OATE SIGNED 22a. SIGNATURE ATTENDING PHYS. STAFF OIRECTOR ___ HOSPITAL PHYSICIAN'S ADDRESS FUNERAL Ö. director, p NAME (Type) (State) REMOVAY (Specify) DATE THEREOF 23c. ANAME OF GEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE UNERAL DIRECTOR VR AIS (4) DATE 20M

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OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by 33 should be detached for use as the burial-transed with the State Dept. of Health prior to burial, created with the State Dept.	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. 20f. (City or town) (State)							
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Page Fu	23	Paternell (Charley)							
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 17273 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH n CO. NTY o STATE b COUNTY Maryland HOWARD ny delay is 2, and 3 to PM3 Page HOWARD Department of urs after death ot MARYLAND c CITY OR TOWN (if outside carparate aimits, write RURAL and give nearest town) c .ENGTH OF STAY IN 1h b City OR IOWN (If outside corporate limits, write RURAL and give negrest town)
Elkridge Elkridge, e IS RES DENCE ON A FARM? d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ward "pending" in pencil in Item 18. Give Pages 1, the Chief Medical Examiner's Office along with form hours Meadow Ridge Road, Box 308 Box 308 Meadow Ridge Road YES NO 24 hours ofter deoth. Middle 4 DATE 3 NAME OF Inst Day Year First DECEASED WILBERT the WILBURT SNELL NATHANIEL December 16. 1966 = DEATH with t AGE fin years F UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED last hirthdoy) Months Dovs Hours 3/19/ 14 W DOWED DIVORCED and 2 \ event Male Negro 11 BIRTHPLACE (State or foreign country) 10o USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) INDUSTRY Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME This certificate should be executed within Charles Snell Bessie Dailev WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) ((If yes give wor or dates of service) Francis Snell 2406 Dorton Ct. ог геттоу INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY Asphyxia by carbon monoxide IMMEDIATE CAUSE (o). e, writing the ward forwarded to the Ch burial, cremation, DUE TO Cond trans, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse ь 19 WAS AUTOPS PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE COND.TION GIVEN IN PART I(o) PERFORMED? CERTIFICATION YES X NO ogent, priar to t the certificate, 20g EXTERNAL CAUSE WAS PRIMARY LAGE CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) 3 should MEDICAL EXAMINER: CAUSE OF DEATH Found in remains of burned home (City or town) 20d INIJRY OCCURRED 20e PLACE OF NJURY (Home, form, (County) (State) 20r TIME OF INJURY Month, Day, Year factory, street, office bldg , etc } While Not While may be retained for your FUNERAL DIRECTOR: Poge 19 66 of work Md. 6:00 xxm 12-16 Elkridge home of work its designoted 21. I certify that I tack charge of the remains described above, held an Autapsy [X]. Inspection | Inquiry | and in my opinion jo Undetermined manner funeral director. Homicide death resulted frame Notural causes Accident | X Suicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY S. Springate, December 16, 1966 Charles DEPUTY MEDICAL EXAMINER ō **EXAMINER'S** 5 may TO FUNE Health Address (Street, city, town, or county) NAME (Type) 23d LOCATION (City or Town) (County) the 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. Baltimore, Maryland 12/19/66 Mt. Auburn 25b REGISTRAR S SIGNATURE 250 REC'D BY REG STRAR ADDRESS. 24. FUNERAL DIRECTOR Milanles Judg VR A15ME (5) A. Rice 661 W. DATE DEC 20 1966 Charles Barre 6M 1/66



PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before edmission) b. COUNTY a. STATE MARYLAND and b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits/write RURAL and write RUAAL and give neepest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress; hours d. STREET ADDRESS IS RESIDENCE ON A FARM? completely papers. 0 YES NO 3. NAME OF DATE Month 4. DECEASED OF (Type or print) DEÄTH and cor 19 wilhi 5. SEX 6. COLOR OR RACE AGE (In yeers | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED lest birthday) Months event, WIDOWED TO DIVORCED physician remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if ratired) N: The law required or attending place has been signed by the tending place has burial-transit perfeit. Then please please .⊆ 13. FATHER'S NAME 14. MOTHER'S MAIDEN/NAM 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I. 17. INFORMANT Address (Yes, no, or unkown) i (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying the ed by the hospital or After this certificate h cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED S 5 DISEASE CONDITION GIVEN IN PART 1(a) 1 19. CERTIFICATION PERFORMED? use prior NO X DIRECTOR: After many be detached for u 200 ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING 20c. TIME OF INJURY 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, ferm, ! (Stelle) Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) Hour e.m. While Not While at work et work 19 p.m. 10.4 M, from the causes and on the date stated above. saw the deceased alive on s., and that death occurred a 22a. SIGNATURE 22Ь. DATE **ATTENDING** SIGNED HOSPILL FUNERAL with th PHYS. DIRECTOR PHYS. M.D. Page 22c. PHYSICIAN ADDRESS 22d. rector, NAME (Lipe) BURIAL, CREMATION, | 236. DATE THEREO 23d. bOCATION ICity, lown or county NAME OF CEMETERY CREMATORY (State) OFA KEMOVAL (Specify) 6 RECID BY REGISTRAR 1256 REGISTRAR'S SIGNATURE 24 FONERAL DIRECTOR'S SIGNATURE ADDRESS 25m. VR A15 (4) 20M 5-63



DIVISION OF ST	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN				
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DECEASED (Type or print)	First		4. DATE Month OF DEATH	Day	
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dona during most of working	ite, even if relired)	16-1-7	en Ind	()	
13. FATHER'S NAME		, 14. MOTHER'S MAIDEN	NAME /		
Mac	la Bund	Katie	Poster		
15. WAS DECEASED EVER IN (Yes, no, or unknown) (Ifyesg	U.S. ARMED FORGES? 16. SOCIAL SECURITY N	O. 17. INFORMANT	Address	1	
020	· ·	N C. SIL	aneufer &	ange	
PART I. DEATH WA	H Enter only one cause per line for (a), (b), and (c)		1 /01.	ONSET	
, IMME	DIATE CAUSE (a)	- Lesculor	Acciden	-4	
Conditions, if eny, wh	DUE TO	C. A 1	1-b- (1-0-	-	
gave rise to immediate co	use Court To	generalized o	managere-	our -	
(a), steting the undarly causa last,	(c) Cerebrol	anterial.	-longisi		
PART II OTHER SIGN	ILFICANT CONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. W	
PART II OTHER SIGN				YES	
200 ACCIDENT WAS UP OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MEDICAL CONTRIBUTION MEDICAL CONTRIBUTION CONTR	IDERLYING [] 20b. DESCRIBE HOW INJURY	OCCURRED, (Enter nature of injury it	Part I or Pert II of stam 18.)		
	CAL EXAMINER)				
20c. TIME OF INJURY	Month, Dey, Year 20d. INJURY OCCURRED While Not While	20s PLACE OF INJURY (Home, fern factory, street, office bldg., etc.		(County)	
Hour e.m.	19 at work all work	T 11.	1/6-10		
	l) (this hospital) attended the decease		19 6 7 to l		
saw the deceased a	dive on 12-12 19.66, a	and that death occurred a	M, from the causes and	on the date sta	
Odola F	res as de l		AED. STAFF	17-	
222 PHYSICIAN'S		22d. ADDRESS		16.7	
NAME (Type)					
23e. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF 23c. NAME OF C	EMETERY OR CREMATORY	23d, LOCATION (City, town o	or county)	
Dural	12-17-66 Sans	of Class.	Sange	Mod	
24 FUNERAL DIRECTOR'S SIG	SNATURE ADDRESS		D BY REGISTRAR 256 REGIST	01	
Me will	Willialder Na	wel MADATE	~ T 1000	Clarkey)	
				U.	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 3 Film G384 173/67 DEATH 17276 and 2 death. certificate be executed within 24 haurs after death. filled in by the funeral papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Howard MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ban papers. Page within 72 haurs a Washington D. C. Ellicott City
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Taylor Manor Hospital 1661 Crescent Place YES NO Middle 4. DATE 3. NAME OF remaye carban Day Year **DECEASED** Stuhmann Carrie E. DEATH Type or print Desember IF UNDER 1 YEAR | IF UNDER 24 HRS. 9. AGE (In years S. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthday) Months Doys Hours WIDOWED DIVORCED white female IOn, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT ag physician a COUNTRY? please during most af working life, even if retired) INDUSTRY Government Maryland S. Inter State Commerce 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME BEXXXXX Mary Lusking Jefferson J. Bandell 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO requires that the death. permit. (Yes, no, or unknown) (If yes give war at dates of service 5 Dixie W. Closson-St. Joseph, Michigan ves crematian. INTERVAL SETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial infarction IMMEDIATE CAUSE (a) DUE TO Coronary thrombosis 20 min. Canditions, if any, which gove Page 4 may be retained by the haspital ar and been sign to FUNERAL DIRECTOR: After this certificate has been sign to FUNERAL DIRECTOR: After this certificate has been sign to Funeral page 3 shauld be detached far use as the but th rise to immediate cause (a), DUE TO stating the underlying couse Unknown Arteriosclerosis, generalized WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Chronic Brain Syndrome associated with senile brain disease NO T YES T 205. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING C CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While 21. I certify that (1) (this haspital) attended the deceased from____ Feb. 8 , 1965 , to Dec. 31 , 1966 that (1) (we) lost saw the deceased glive an December 34966, and that death accurred 20:20AM, from causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR Dec. 31, 1966 M.D. 22c. PHYSICIAN 22d. ADDRESS Taylor Manor Hosp., Ellicott City, NAME (Type) Stebben Lee Maghess, M. D. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 23g. BURIAL, CREMATION (County) REMOVAL (Specify) Cremation Ft. Lincoln Crematory Prince Georges Co. Md. **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Washington DC DATE JAN 3 The S.H. Hines Company 20 M 1/66

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1 2	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1M.	ARYLAND
E 4 4	17277 CERTIFICATE OF DEATH	1208
death 2	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Re b. COUNTY b. COUNTY	sidence before admission)
Pages 1	Howard Maryland Maryland Raltimo	re-BALTALO.
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
-	Ellicott City Catonsville 21228	13.2
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
1	Shaffers Convalescent Retreat 9 Park Drive	YES NO T
1	3. NAME OF First Middle Last 4. DATE Month OF	Day Year
-	(Type or print) EMMA J. THOMPSON BEATH Dec. 13.1966 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years Funder 1	19
Г	Paralle Michael Michael Michael Months	Days Hours Min.
	10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12, CII	IZEN OF WHAT
1	Juring most of working life, even if retired) INDUSTRY Journ	UNTRY?
-	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
L	Frederick Winterfield Wilhelmina Radohl	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)	
	NO (1798 STEWAR OF DATES OF SERVICE) ERNEST A. Thompson 9- Park	Dr
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: / nanhow	
ı	Conditions, If any, which) DUE TO Arteno Scleropic Cardio Vascular Discuse	540
ı	gave rise to immediate (11
L	cause (a), stating the DUE TO underlying cause last. (c)	
LANGE.		19. WAS AUTOPSY PERFORMED?
1		YES NO
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CONTRIBUTION CON	
BIAB	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Cour factory, street, office bldg., etc.) While Not While at work at work	ty) (State)
100		/
		E, that (I) (we) last
1		TE SIGNED
1	M.D. ATTENDING MED. STAFF DIRECTOR DIRE	2-15-66
	22c. PHYSICIAN'S NAME (Type) T. F. Hankard A.) 22d. ADDRESS	
1	I homes to Herhert Mil Silicitt 4th Md	
12	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or cour	2.1
	Bural 12/1/66 Bood Shephard Boward Co.	MC
	24. FUNERAL DIRECTOR 256. REGISTRAR'S 25	O. data
-	Balto 28 md.	Jung Jung

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